

McLAREN IMAGING CENTER
501 S. Ballenger Hwy., Suite B, Flint, MI 48532
VENOUS DUPLEX ULTRASOUND EVALUATION ARMS

Date: ____ / ____ / ____

Name: _____

Age: ____ Ref. M.D.: _____ Tech: _____

Previous Duplex ____ at ____ on ____ Venogram ____ at ____ on ____ Catheter in place Yes No

Chief complaint: _____

Severity ____ / 10 Duration: _____

History:

- Phlebitis Yes No
- Trauma Yes No
- Edema Yes No
- Vein Surgery Yes No
- Varices Yes No
- Malignancy Yes No

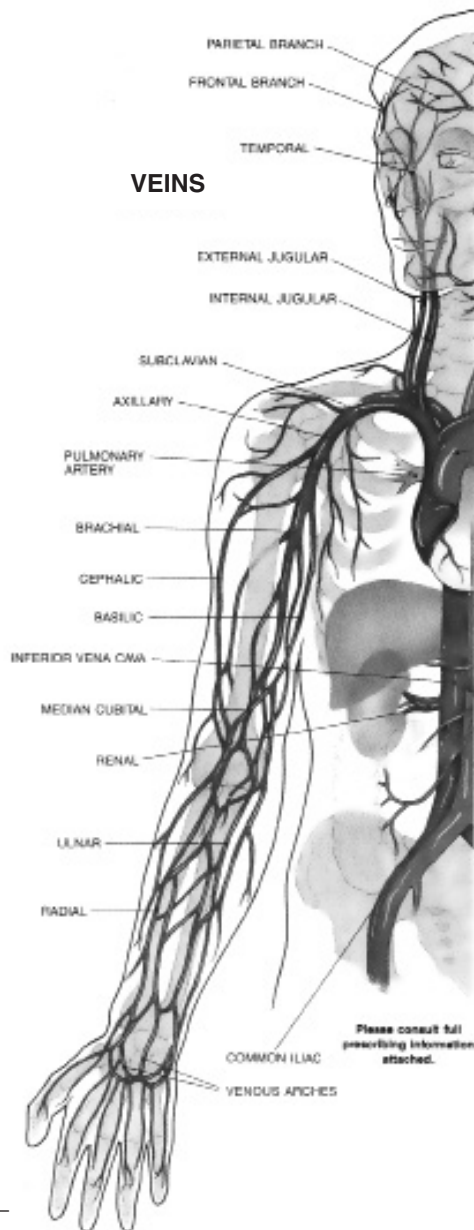
Physical Examination:

- Edema Yes No
- Tenderness Yes No
- Ulcer Yes No
- Varices Yes No
- Prominent Veins Yes No
- Skin Color Yes No

Duplex:

Veins	Compressibility	Spontaneous VS	Augmented VS
Jugular			
Subclavian			
Axillary			
Brachial			
Radial			
Ulnar			

Comments:



PT.

MR./RM.

DR.